

## COUNTY OF LOS ANGELES

## SHERIFF'S DEPARTMENT

DATE: October 28, 2003

EXECUTIVE FORCE REVIEW COMMITTEE  
POLICY ASSESSMENT  
DISPOSITION SHEET

FILE NO: IAB #2088917

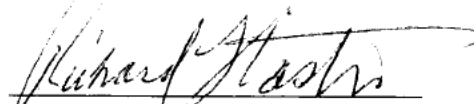
FROM: **RICHARD L. CASTRO, COMMANDER**  
**DENNIS A. CONTE, COMMANDER**  
**MICHAEL G. SAVIDAN, COMMANDER**TO: **ERIC B. SMITH, CAPTAIN**  
**INTERNAL AFFAIRS BUREAU**SUBJECT: **BOWIE, ANTHONY, DEPUTY # [REDACTED] COMPTON STATION, FOR II**  
**WILLIS, ANTHONY, DEPUTY # [REDACTED] COMPTON STATION, FOR II**

On May 27, 2003, Deputies Willis and Bowie were driving in their patrol car when they attempted to stop Suspect Ahmad Brown, who was riding a bicycle on the sidewalk. Suspect Brown initially slowed his bicycle and appeared to be stopping. Deputy Bowie exited the patrol car and Suspect Brown rode away. Deputy Willis drove the patrol car a few houses forward until he was alongside Suspect Brown. Suspect Brown stopped and ran from his bicycle. As he ran, Suspect Brown withdrew a handgun from his right front pants pocket. The deputies chased Suspect Brown about three house lengths where he turned a corner and ran north on another street. As the deputies turned the corner, Deputy Brown turned toward the deputies and pointed his gun at them. Both deputies fired at Suspect Brown. Suspect Brown fell to the ground, but immediately got back up and continued running away from the deputies. After Suspect Brown turned another corner and disappeared from view, the deputies discontinued their chase and established a containment of the area. Suspect brown was located during a canine search of the area and taken into custody. Suspect Brown's handgun was never found.

On October 23, 2003, the Executive Force Review Committee convened and conducted a review regarding the facts of this case. The applicable policies that were evaluated by the committee were: 3-01/025.00, Use of Force; 3-01/025.30, Use of Firearms and Deadly Force; 3-01/025.10, Unreasonable Force; and 3-01/050.10, Performance to Standards. Concerning:

3-01/025.00, Use of Force, 3-01/025.30, Use of Firearms and Deadly Force, and 3-01/025.10, Unreasonable Force, the Committee determined that the force used by both deputies was reasonable and necessary and in compliance with Department policy.

3-01/050.10, Performance to Standards, the Committee determined that the tactics employed by the deputies were in compliance with Department policy.

  
Richard L. Castro, Commander

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**OFFICER INVOLVED SHOOTING FORM**

**INVESTIGATIVE SUMMARY**

**PHOTOGRAPHS**

**EXHIBITS:**

- A** Incident Report by Deputies Willis and Bowie, File # 003-07583-2814-055.
- B** Diagram and forensics report by Deputy M. Cortez from the Crime Lab.

**MISCELLANEOUS DOCUMENTS:**

- 1. In-Service sheets for Walnut Station, P.M. Shift, October 12, 2001.
- 2. Firearms inspection report on deputies weapons.
- 3. Training records for involved deputies.
- 4. Administrative Rights forms for involved personnel.
- 5. Canvass Cards in envelope.

# Los Angeles County Sheriff's Department

## Officer Involved Shooting

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Report Date: <b>May 27, 2003</b>		Bureau/Station/Facility: <b>Compton Station</b>		Admin. Invest.? <input type="checkbox"/>	Hit? <input type="checkbox"/>
<b>Incident Information</b>					
URN: <b>003-07583-2814-013</b>		Date: <b>May 27, 2003</b>		Time: <b>2350</b>	
City or Station: <b>Compton Station</b>		Nature of Incident: Two deputies attempted to stop a male riding a bicycle. The male discarded the bicycle, withdrew a pistol from his pants pocket, and ran from the deputies. The Deputies chased the suspect. After a brief foot pursuit, the male turned and pointed his gun at the deputies. Both deputies fired their weapons at the male, missing him. The male was taken into custody following an area containment.			
Location: <b>Block of Magnolia Street, Compton</b>					
Location Type (circle one or more): Backyard Beach Business Freeway Industrial Park Parking Lot Residence Rural School <input checked="" type="radio"/> Street Other: _____		Lighting (circle only one): Darkness Daylight Other <input checked="" type="radio"/> Street Lights  Weather (circle only one): <input checked="" type="radio"/> Clear Cloudy Fog Rain  Distance: <b>130 feet</b>		Incident Type (circle one or more): Accidental <input checked="" type="radio"/> Armed Person <input checked="" type="radio"/> Fleeing Suspect <input checked="" type="radio"/> Foot Pursuit Gun Take Away Moving Vehicle Sniper/Ambush Startle Struggle Involved Traffic Stop Unarmed Person Unintentional Vehicle Pursuit Warrant Service  Other: _____	
Total # of Shots Fired by Deputy: <b>4</b>		Total # of Shots Fired by Suspect: <b>0</b>		Initiated by (circle only one): Arrest Warrant Call <input checked="" type="radio"/> Observation One Person Unit Other Search Warrant Two Person Unit  Prior Activity (circle only one): Detective Inmate Transport Other <input checked="" type="radio"/> Routine Patrol	
		Other: _____		Aero Unit? <input checked="" type="checkbox"/>	Canine Unit? <input checked="" type="checkbox"/>
<b>Employee Witnesses</b>					
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime Off Duty
<b>None</b>					
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime Off Duty
<b>Non-Employee Witnesses</b>					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
<b>Supervisors</b>					
Employee #	Last Name	First Name	M.I.	(circle one or more): <input checked="" type="radio"/> On Duty Present during shooting	Witness to shooting Involved in shooting
	<b>Parker</b>	<b>Gary</b>	<b>J</b>		
Employee #	Last Name	First Name	M.I.	(circle one or more): <input checked="" type="radio"/> On Duty Present during shooting	Witness to shooting Involved in shooting
	<b>Birtness</b>	<b>Drew</b>	<b>C</b>		
<b>Watch Sergeant</b>					
Employee #	Last Name	First Name	M.I.		
	<b>Saunders</b>	<b>Gregory</b>	<b>J</b>		
<b>Watch Commander</b>					
Employee #	Last Name	First Name	M.I.		
	<b>Booker</b>	<b>Ernest</b>	<b>R</b>		

<b>PSTD Use Only</b>	
SH #	<b>2088917</b>

Rollout Information					
Arrival Date	May 28, 2003	Arrival Time	0010 hours	Date Submitted	Date of Recommendation
Employee #	[REDACTED]	Last Name	Morris	First Name	William M.I. B
Employee #	[REDACTED]	Last Name	Reyes	First Name	Henry M.I. J
Employee #	[REDACTED]	Last Name	Johnson	First Name	Gregory M.I. H
Shooting / Force Information					

## Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

## Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

**Body Part Injured**

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

**Brand**

(AK)	AK-47	(IV)	Iver Johnson	(RI)	RGI
(BN)	Benelli	(JE)	Jennings	(RO)	Rossi
(BR)	Beretta	(LO)	Lorcin	(SW)	Smith & Wesson
(BW)	Browning	(LU)	Luger	(SR)	Sturm Ruger
(CH)	Charter Arms	(MA)	Marlin	(ST)	Sterling
(CO)	Colt	(MO)	Mossberg	(TA)	Taurus
(DA)	Davis Industries	(NC)	NCI aka SKS	(WE)	Weatherby
(GL)	Glock	(NA)	North American	(WN)	Winchester
(HA)	Harrington & Richardson	(NO)	Norinco	(US)	US Government
(HI)	Hi Standard	(RA)	Raven	(YY)	Handmade (Inmate)
(HK)	H & K	(RM)	Remington	(ZZ)	Homemade (Non-Inmate)
(IT)	Itasca	(RG)	RG	(XX)	Other Brand

**Caliber**

(9) 9 mm	(24) .243 caliber	(41) .410 gauge
(10) 10 mm	(25) .25 caliber	(44) .44 caliber
(12) 12 gauge	(30) .308 caliber	(45) .45 caliber
(20) 20 gauge	(35) .357 caliber	(50) 50 mm
(21) .22-250	(36) 30-60 caliber	(SL) Slug
(22) .22 caliber	(38) .38 caliber	(WW) Other caliber
(23) .223 caliber	(40) .40 caliber	

**FORCE APPLIED** (one code per block)

[illegible]

# Officer Involved Shooting Involved Employee Information

URN: 003-07583-2814-013

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## Involved Employee

<b>E 1</b>	Employee #	Last Name	First Name	M.I.
		Bowie	Anthony	
	Sex: M	Race: Black	Rank: Deputy Sheriff	Unit Assignment: Compton Station
	Work Assignment (Unit #, Module, etc.): Unit 282			
	ShiftTime (circle only one): EM (PM) Day		ShiftType (circle only one): Regular Overtime Off Duty	
	Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:	
	Hospital Admission? <input type="checkbox"/>		Coroner Case? <input type="checkbox"/>	Coroner Case #
	Interviewed? <input checked="" type="checkbox"/>			
	Hrs of sleep prior to shooting: 8		Duty Time (hrs):	
	Age: Height: 5'8" Weight: 234		Clothing (circle only one): Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest	
	Range Qualification Date:		PPC Qualification Date:	Laser Training Date:
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Shootings? Number of Prior Shootings:
	Field Training Officer Emp #	Last Name	First Name	M.I.
	Field Training Officer Emp #	Last Name	First Name	M.I.

<b>E 2</b>	Employee #	Last Name	First Name	M.I.
		Willis	Anthony	
	Sex: M	Race: White	Rank: Deputy Sheriff	Unit Assignment: Compton Station
	Work Assignment (Unit #, Module, etc.): Unit 282			
	ShiftTime (circle only one): EM (PM) Day		ShiftType (circle only one): Regular Overtime Off Duty	
	Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:	
	Hospital Admission? <input type="checkbox"/>		Coroner Case? <input type="checkbox"/>	Coroner Case #
	Interviewed? <input type="checkbox"/>			
	Hrs of sleep prior to shooting: 4 - 5		Duty Time (hrs):	
	Age: Height: 6'0" Weight: 190		Clothing (circle only one): Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest	
	Range Qualification Date:		PPC Qualification Date:	Laser Training Date:
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Shootings? Number of Prior Shootings:
	Field Training Officer Emp #	Last Name	First Name	M.I.
	Field Training Officer Emp #	Last Name	First Name	M.I.

<b>E</b>	Employee #	Last Name	First Name	M.I.
	Sex:	Race:	Rank:	Unit Assignment:
	Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): EM PM Day		ShiftType (circle only one): Regular Overtime Off Duty	
	Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:	
	Hospital Admission? <input type="checkbox"/>		Coroner Case? <input type="checkbox"/>	Coroner Case #
	Interviewed? <input type="checkbox"/>			
	Hrs of sleep prior to shooting:		Duty Time (hrs):	
	Age: Height: Weight:		Clothing (circle only one): Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest	
	Range Qualification Date:		PPC Qualification Date:	Laser Training Date:
	Certified with Weapon Used? <input type="checkbox"/>	Patrol Certification? <input type="checkbox"/>	Certification Unit:	Prior Shootings? <input type="checkbox"/> Number of Prior Shootings:
	Field Training Officer Emp #	Last Name	First Name	M.I.
	Field Training Officer Emp #	Last Name	First Name	M.I.

# Officer Involved Shooting Suspect Information

URN: 003-07583-2814-013

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## Suspect Information

S 1	Last Name <b>Brown</b>		First Name <b>Ahmad</b>		M.I. <b>J</b>
	AKA Last Name		First Name		M.I.
Sex: <b>M</b> Race: <b>Black</b>		Street Address: [REDACTED]		City: [REDACTED]	State & Zip Code: [REDACTED]
Work Phone: [REDACTED]		Home Phone: [REDACTED]	Social Security #: [REDACTED]	Driver's License #: [REDACTED]	
Age: <b>27</b> D.O.B. <b>07-23-1975</b>		Height: <b>5'5"</b> Weight: <b>150</b>	FBI # [REDACTED]	CII # [REDACTED]	
Booking # <b>7709469</b>		Primary Charge: <b>245 PC</b>		Secondary Charge:	
Coroner Case? <input type="checkbox"/>		Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
Armed? <input checked="" type="checkbox"/>		Apprehended? <input checked="" type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? [REDACTED]	
Vehicle Make		Model:		Year:	
None					

S	Last Name		First Name		M.I.
	AKA Last Name		First Name		M.I.
Sex: Race:		Street Address:		City	State & Zip Code:
Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
Age: D.O.B.		Height: Weight:	FBI #	CII #	
Booking #		Primary Charge:		Secondary Charge:	
Coroner Case? <input type="checkbox"/>		Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make		Model:		Year:	

S	Last Name		First Name		M.I.
	AKA Last Name		First Name		M.I.
Sex: Race:		Street Address:		City	State & Zip Code:
Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
Age: D.O.B.		Height: Weight:	FBI #	CII #	
Booking #		Primary Charge:		Secondary Charge:	
Coroner Case? <input type="checkbox"/>		Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make		Model:		Year:	

S	Last Name		First Name		M.I.
	AKA Last Name		First Name		M.I.
Sex: Race:		Street Address:		City	State & Zip Code:
Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
Age: D.O.B.		Height: Weight:	FBI #	CII #	
Booking #		Primary Charge:		Secondary Charge:	
Coroner Case? <input type="checkbox"/>		Coroner Case #	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make		Model:		Year:	

## Los Angeles County Sheriff's Department

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### Non-Employee Witnesses

Last Name		First Name		M.I.	
Street Address		Zip Code		Work Ph	Home Ph

Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph

Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph

Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph

Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph

Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph

Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph

Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph Home Ph

Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph

Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph Home Ph

Last Name	First Name	M.I.
Street Address	Zip Code	Work Ph Home Ph

Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph

Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph

Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph